

Expert Advisory Committee
to the
RI Health Benefits Exchange Board
January 15, 2013
8:00am – 360 Lincoln Avenue, Warwick RI

Attendees: Jay Raiola, Jim Borah, Ted Almon, Don Wineberg, Elaine Jones, Liz Earls, Beth Lange

Public Attendees - Sam Slade, Employee Benefits at CSI; Craig O'Conner, NHPRI; Steve DeToy, RI Med Society; Michael Varadian, BHDDH; Jim Monitz

- I. Call to Order
 - a. Amy Black welcomed members to the meeting. As a group update, there will be an announcement of meeting dates for 2013 sent out later today via email. This group will meet the second Tuesday of every month at 8:00am. The Board will be meeting the third Tuesday of every month, allowing the staff time to incorporate the feedback from the Experts into a presentation for the Board.
- II. Marketing Research Update – Megan Hall
 - a. Megan Hall briefly updated that the focus group work thus far has been completed. A great deal of data was gathered, and Ms. Hall advised that in a short time a report on the data gathered will be made available.
 - b. Don Wineberg: Was there anything that surprised you in the focus groups? MGL The one thing that was striking was there was a strong interest in holistic medicine, out of six there would be three or four who sought out non-traditional means. There was also, unsurprisingly, strong opposition to non-traditional networks.
 - c. Ted Almon: Did you have focus groups of small employers?
 - i. Megan Hall: Yes, small businesses ranging with employees of 3-10, then with 10-50, and with 50 -100.
 - d. Ted Almon: I am confused with the overlap with Medicaid population, there will be people eligible for subsidies who are currently on the Medicaid. Do we push them on the Exchange at a savings to one group like Care, for example?
 - i. Amy Black: What specific eligible folks are you talking about – if they are Medicaid eligible, then they will be signed up for Medicaid.
 - ii. Ted Almon: I am referring to the RIPEC report, which confused me? Amy Black: You are referring to the population between 133 – 400% FPL, who may be eligible for a BHP if the state

elects to do this, which we have not yet as a state made a decision on. If we do roll back enrollment, then they would bring us to BHP, which is a decision that would come from the legislature.

- e. Elizabeth Lange: When we did some surveys at Hasbro, we found that many holistic practices were very cultural, and some may be considered just daily norms. I appreciate the focus groups saying this, for we, as providers, do learn a lot from these groups.

- i. Megan Hall: The report out on the focus group will be out shortly.

III. Director's Report – Director Christine Ferguson

- a. Director briefed about the contact center RFP, that the executive summary of the draft is available for public comment online for the remainder of the week. We do have a group going out to review contact centers, two of which are health care contact centers, two of which are not specific to health care.
- b. Steve Detoy: What is the Holy Grail there with limited networks?
 - i. Director Ferguson: Limited networks in the context of the old managed care world is not what we are discussing. The idea is there is real integration, that now we have data and other kinds of mechanisms for providers to function in a different way – more about the integration and quality outcomes that are transparent. The one constant with these in the past was always managed price not managed care, but going forward the issue is how do you achieve what the vision has been, a mechanism to support and partner with a patient with the financing supporting that.
 - ii. Steve Detoy: Then that brings up having the EMR to support that.

IV. Small Business Strategy Presentation – Director Christine Ferguson

- a. Ted Almon: Does this imply the Exchange is going to collect premiums?
 - i. Director Ferguson: The exchange is going to collect premiums, under the law we have to collect for small business and we are planning to collect for individuals. This allows there to be a relationship between everyone and the exchange.
- b. Sam Slade: If a carrier has a plan and inside the exchange the price is X, and the ability for the employees is to select from many others, then the price is still X, so we as brokers should highlight this as an advantage?
 - i. Director Ferguson: Yes. Not intended to compete with the broker services, but rather to augment them and make the work easier.

- c. Elizabeth Lange: If I am offering a product in the exchange, do I also have to offer a Medicaid product?
 - i. Director Ferguson: Not at this time – we are talking to providers now. At this time, United and Neighborhood are already in both markets, Tufts and BCBS are not at this time, but all are discussions.
 - d. Jay Raiola: If I have a group of 30 that goes direct to BCBS, but I take that same 30 to the exchange, the contribution is the same, even though BCBS may only receive a third of that group?
 - i. Director Ferguson: Yes, as employers are likely to say that is not a bad thing, and there would be enough volume overall in the exchange that it would balance out.
 - ii. Jay Raiola: If I have a 25-person group and every year I need to submit paperwork etc. to meet state certification laws, how when I send payroll to Blue Cross can they justify that they will be paid elsewhere?
 - iii. Director Ferguson: We will do all that in the exchange.
- V. Public Comment – No additional comment was offered at this time.
- VI. Adjourn